

How to Fill out the Water Sample Collection Information Form (Kit SL – School Lead)

Please complete a separate form for each first draw, and for each flush sample.

In this example, John Smith was the sampler from Vermont Elementary School in Burlington. John collected a flush sample from the combo fountain/bottle filler station in the hallway near the entrance to room 210 of Building B on 4/25/2019 at 7:30 a.m.

Lab ID

Please label the bottle with this Lab ID # number.

Report to be Sent To:

Information collected b

Collection Type

Check the box if you are doing a **first draw sample** (collects first water that comes out after not being used for 8-18 hours) or a **flush sample** (collects water after tap has been running for 30 seconds)

Daytime Phone No.

so the lab can contact the you with any questions.

VERMONT DEPARTMENT OF HEALTH
Mailing Address: PO BOX 1125
BURLINGTON, VT 05402-1125

Lab ID # 19-IC-00403

Report to be Sent To:
Sherry French
VDH School Test Client
359 South Park Drive, Suite 2011
Colchester VT 05446

NOTE: INCOMPLETE INFORMATION ON THIS FORM MAY DELAYED OR T

SECTION BELOW FOR SCHOOL INFORMATION

Name of Person Collection Sample: **JOHN SMITH** Daytime Phone No.: **(123)-456-7890**

Date of Collection: **04 / 25 / 2019** Time of Collection: **7 30 AM** Collection Type:
☐ First Draw
☒ Flush*
☐ 10- Minute Flush

*If flush sample, please provide the corresponding first draw sample number for this outlet:
First Draw Lab ID # **18-IC-06578**

Sample Type: ☒ Initial ☐ Post-remediation follow-up (Initial sample Lab ID # _____)

Physical Location where Sample was Collected

School Name: **Vermont Elementary School** Town: _____

Building (if multiple): **BUILDING B** Fixture Location:
☐ Classroom ☐ Drinking Fountain without Chiller
☐ Gym ☐ Drinking Fountain with Chiller
☒ Hallway ☐ Bottle Filler / dispenser
☐ Kitchen
☐ Nurse's Office
☐ Teacher's Office
☐ Other: _____

Fixture Type:
☒ Fountain
☐ Bottle Filler

South ☐
 East ☐
 West ☐
 1 ☐ 3 ☐
 2 ☐ 4 ☐
 Other: _____

Type: Waived Order #: **KitPO_00052071**

SECTION BELOW FOR LABORATORY USE ONLY

Sample Not Analyzed Because:
☐ No Collection Date ☐ Insufficient Sample ☐ Broken In Transit ☐ Unable to Complete Testing of Sample Reason: _____
☐ Too Old to Test ☐ Improper Sample Container ☐ Missing Information

Laboratory Remarks :

Sample Type

Check the 'Initial' box if this is the first time the tap is tested, which can be a first draw or a flush sample. Check the 'Post-remediation follow-up' box if this is a sample collected after remediation.

School Name

Write the **full** name of the school and make sure it is consistent for all samples collected at this school.

First Draw Lab ID#

If you are taking a **flush sample**, write in the lab ID # of the **first draw sample** so the results can be compared and displayed properly on the public website.

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 VERMONT
DEPARTMENT OF HEALTH LABORATORY
359 SOUTH PARK DRIVE, COLCHESTER, VT 05446

Mailing Address:
PO BOX 1125
BURLINGTON, VT 05402-1125

(802) 338-4724 or (800) 660-9997 (VT Only)
www.healthvermont.gov

Lab ID # 19-IC-00403



WATER SAMPLE COLLECTION INFORMATION

Report to be Sent To:

Sherry French
VDH School Test Client
359 South Park Drive, Suite 2011
Colchester VT 05446

Kit Information: KIT SL - School Lead

Included Tests:
Metals by ICPMS

Room

Write in the room number if there is one. If the fixture is in a hallway, describe where.

Building

If there are multiple buildings, indicate which building the sample is coming from.

Fixture Type

Check the box for which fixture type you are sampling from. If you are drawing from a 'Combo' type fixture, be sure to check the box under ****Outlet type (if Combo)** for which part of the 'Combo' type fixture the sample is from.

Sample Type: ☒ Initial ☐ Remediation follow-up (Initial sample Lab ID #)

Physical Location where Sample was Collected

School Name: **Vermont Elementary School**

Town: **BURLINGTON**

Building (if multiple):

BUILDING B

Room # (or additional Location detail):

near room 210 entrance

Sampler's Comments:

low water pressure

Fixture Location:

- ☐ Classroom
- ☐ Gym
- ☒ Hallway
- ☐ Kitchen
- ☐ Nurse's Office
- ☐ Teacher's Lounge
- ☐ Other: _____

Fixture Type:

- ☐ Drinking Fountain without Chiller
- ☐ Drinking Fountain with Chiller
- ☐ Bottle Filler / dispenser
- ☐ Sink
- ☐ Pot Filler
- ☐ Kitchen Kettle
- ☐ Combo*: Sink / Fountain
- ☒ Combo*: Fountain / Bottle Filler
- ☐ Other: _____

Fixture Detail:

(if multiple in location)

- ☐ Left
- ☐ Right
- ☐ Center
- ☐ Upper
- ☐ Lower
- ☐ North
- ☐ South
- ☐ East
- ☐ West
- ☐ 1 ☐ 3
- ☐ 2 ☐ 4
- ☐ Other: _____

**Outlet type (if Combo):

- ☐ Sink
- ☒ Fountain
- ☐ Bottle Filler

PAYMENTS: 3/11/19 Type: Waived Order #: KITPO_00052071.

SECTION BELOW FOR LABORATORY USE ONLY

Sampler's Comments

If this is a sample from a licensed child care program (preschool or after school), please write "child care" here. If there is anything unusual or unique about the sampling or fixture, also write it in this box.

Fixture Detail

Only use this section if there are **multiple fixtures** in the same location and more information is needed to differentiate them (e.g. there are two water fountains next to each other, check the box if you are sampling from the left one or right one).

DO NOT PHOTOCOPY

ONLY ORIGINAL WATER SAMPLE COLLECTION INFORMATION FORM CAN BE SUBMITTED WITH SAMPLE

CHEM 202 (04/2019)